
RADIO COMMUNICATION

PURPOSE:

To define the requirements for medical communications

- A. Each ALS unit will be equipped with a minimum of one (1) mandatory communication device and one (1) optional communication device from the following:
 - 1. County approved 800 MHZ radio (mandatory in San Bernardino County)
 - 2. County approved VHF (MED NET) radio (mandatory in Inyo & Mono Counties)
 - 3. County approved UHF (COR) radio (optional)
 - 4. Cellular phone (Optional)
 - 5. Telephone Patching Device (Optional)
- B. Base Hospital contact must be initiated as soon as possible on the following:
 - 1. All patients with chest pain who are not asymptomatic following prior to contact therapy.
 - 2. Any patient who requires any ALS medication or procedure as outlined in the EMT-P Standard Practice Protocol when such patients do not stabilize or significantly improve after initial "prior-to-contact" therapy.
 - 1. All ill/injured children three (3) years of age or under.
 - 2. Base Hospital contact may also be made on any patient who in the EMT-P's judgement would benefit from Base Hospital consultation.
- C. Receiving Hospital contact must be made as early as possible on all transported patients that do not meet the criteria for Base Hospital contact or when functioning in radio communication failure.
- D. When Base Hospital contact is initiated, the following information will be given:
 - 1. The unit, ALS identification, and the situation
 - 2. The patient description to include age, sex, and approximate weight in kilograms (kg)
 - 3. Patient's chief complaint and related signs and symptoms, and the mechanism of injury, if appropriate
 - 4. Vital signs to include blood pressure, pulse, respiratory rate and effort, and oxygen saturation.
 - 5. Physical assessment and general appearance
 - 6. Past medical history, including medications and allergies
 - 7. Cardiac Monitor interpretation
 - 8. Prior to contact therapy initiated and response

The Base Hospital may waive these information requirements at their discretion.
- E. All patient information, treatment, and the time initiated will be recorded accurately and completely on the Standard Run (O1A) form as outlined in the Requirements for the Initiation, Completion, Review, and Retention of patient care records protocol (Reference 14012)
- F. No patient names will be given over the radio except at the request of the Base Hospital physician and with the consent of the patient